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Navy & Marine Corps Medical News

MEDNEWS #98-11

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This service distributes news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is encouraged.

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Headline: Navy will soon have new physical readiness standard

From Bureau of Personnel

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WASHINGTON -- Revised physical standards, regular exercise and an updated Physical Readiness Test (PRT) are the focus of the Navy's new Physical Readiness Program Instruction, which will be out soon and takes effect Sept. 1.

The revised instruction emphasizes that commanding officers are expected to aggressively support the goal of attaining and maintaining fitness by requiring a minimum of three aerobic exercise periods per week, when mission and operational requirements permit. Service members are expected to maintain lifestyle habits that promote health, fitness and physical readiness through regular exercise and a healthy diet.

Specific changes to the new instruction include:

-- Command Fitness Coordinators (CFCs) must be certified within six months of being designated. Training is available via video teletraining (VTT) or from BUPERS-certified Navy Fitness Instructors (at MWR fitness centers). Command Fitness Coordinators who have been

trained since January 1996 are in compliance with the new instruction.

-- Revised standards allow for 22 percent body fat for men and 33 percent body fat for women. The height/weight table, used as a screening tool, changes for both men and women, and it more closely reflects upper limits for body fat. Maximum weight is reduced by several pounds for most individuals. BUPERS NAVADMIN 39/98 contains the revised table.

-- Required run times for women between ages 17-29 better reflect the age group's aerobic capacity. The NAVADMIN contains the table with the changes.

-- Push-ups and curl-ups now require monitoring to ensure that individuals properly perform the events for accurate scoring.

-- Commanding Officers may authorize special PRT's to approve or delay frocking, promotion/advancement and redesignation. Only those people who are in the command-directed physical conditioning program and who have shown they can easily pass the PRT events can take the special PRT.

-- Failure of the sit-reach no longer means PRT cycle failure, but those who fail this segment of the PRT will still be assigned to the command-directed program to emphasize the importance of flexibility to overall health and fitness.

Pregnant Sailors will participate in an exercise program approved by their physician, unless they are medically waived. Pregnant Sailors will continue to be medically waived from body fat composition and PRTs during their pregnancy and normally six months following the end of the pregnancy.

Video teletraining that discusses program changes are available for commanding officers, executive officers, command master chiefs and CFCs. East Coast site briefings are scheduled for April 17 (10 a.m. - noon) and May 15 (3-6 p.m.). West Coast briefings will be March 27 (12-4 p.m. eastern standard time (EST)), April 17 (10 a.m. - noon eastern daylight time (EDT)), May 8 (12-4 p.m. EDT) and May 15 (3- 6 p.m.). The BUPERS NAVADMIN lists VTT sites and telephone numbers to arrange quotas.

The new instruction, OPNAVINST 6110.1E, will be available through the Navy Electronic Directives System (www.dodssp.daps.mil/usndirs.htm) and BUPERS Access (DSN 225-6900). The instruction will be included in the next quarterly release of the

SECNAV/OPNAV directives CD-ROM, distributed to all commands.

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Headline: Hospital to declare independence from smoking

By Judith A. Robertson, Naval Hospital Bremerton

NAVAL HOSPITAL, BREMERTON, Wash-This Fourth of July Naval Hospital Bremerton (NHB) will celebrate both America's independence and the hospital's declaration of independence from smoking.

Although all hospital buildings have been smoke-free for years, smoking was permitted in a shelter on the second floor front balcony and patients were only asked to put out cigarettes before entering buildings. The change now eliminates smoking in the hospital, on its ground or in any of its five branch clinics

"Our business is health care, and it is now time for us to take another step forward as we model healthy behavior for those we work with and serve," said CAPT Greg Parker, commanding officer of the hospital.

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Headline: Medical Center controls hazardous materials

By Doug Sayers, Naval Medical Center San Diego

NAVAL MEDICAL CENTER SAN DIEGO, Calif.- Navy Medicine is always concerned about how its facilities affect the environment and how they can be environmentally friendly. Naval Medical Center San Diego is in the forefront for developing such controls to ensure a safe, friendly coexistence with the environment.

The medical center now operates a facility that, according to Mark Christianson, pollution prevention manager and division officer for the Hazardous Materials Minimization Center (HAZMINCEN) "functions as a single hazardous material consolidation and collection point to reduce and hopefully eliminate certain hazardous materials that come into the command."

Before the center opened, hazardous material ordering and control was left to each department. They sometimes had to order more quantities than were immediately needed to ensure future needs were met. That required separate funding, storage of these materials in limited space and tracking the material issue and use.

With the HAZMINCEN taking on the entire process, orders can now be placed by either telephone or email without generating paperwork.

Retrieval of unused substances and containers is made at the time of delivery, ensuring close control of hazardous materials.

Hull Maintenance Technician First Class (HT1) (SW/AW) Josh Brody said, "We can track virtually every hazardous material under our control to ensure proper handling, storage and disposal. The Medical Center was inspected by the County recently and came away with one of the highest scores ever, receiving no discrepancies."

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Naval Medical Center selects Civilian Pharmacist of the Year

By LT Lisa Brackenbury, Naval Medical Center Portsmouth

NAVAL MEDICAL CENTER PORTSMOUTH, Va.-A civilian pharmacist from Naval Medical Center Portsmouth's (NMCP) Pharmacy Department was recently selected as the 1997 Navy Civilian Pharmacist of the Year.

A Chesapeake resident and native of Newport, R.I., Richard Timothy Gendron became only the second individual to receive this prestigious award, which was established in 1996. The son of a Navy pharmacy technician, Gendron received his pharmacy degree from the Medical College of Virginia in Richmond.

His current job for NMCP is the Inpatient Clinical Pharmacy Coordinator, in which he oversees the pharmacological care of all the medical center's inpatients.

"As a civilian, [I find] the military environment is unique," said Gendron. "The rapid turnover of staff is one thing, but another is the variety of injuries I come across-mostly due to the unique environments in which Sailors work, like on an aircraft carrier."

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Headline: Corpsman saves baby from choking

By Judith A. Robertson, Naval Hospital Bremerton

NAVAL HOSPITAL, BREMERTON, Wash.-It started as a routine visit to the hospital for her daughter's checkup. But when one of her 14-month-old twin girls started choking on a Cheetos snack, Navy wife Anita Ortiz-Cedeno was lucky she was in the hospital.

After attempting to help her daughter, Ortiz-Cedeno soon realized the girl had gone limp. "She wasn't coughing, but her mouth was open and tears were running out of her eyes," said Ortiz-Cedeno.

She looked for assistance and found

Hospitalman Second Class Theresa Bernard, an Orthopedic Technician.

"She was the first corpsman I saw. I was sort of panicky. Keyanna was turning blue. I just handed her to the corpsman and asked for help," said Ortiz-Cedeno.

Bernard determined the child had some air flow, "I could hear wheezing, so I draped her over my arm and started pushing on her back as I headed for the emergency room (ER)."

By the time they reached the ER, Keyanna had ejected the blockage and was crying loudly, Bernard said. "I had one angry baby with me, but I was so happy she was mad or scared and crying, because that meant she was breathing."

A checkup in the ER confirmed no complications and Keyanna was released to go home with her mother and twin sister Kiarra.

"It was just instinct and then I guess my training kicked in. When you go through BLS [Basic Life-Saving], you ask yourself, 'will I be able to do this?' But you just do it, it's in there. It just comes back to you."

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Headline: Bureau of Medicine and Surgery names its Sailor of the Year
By Earl Hicks, BUMED Public Affairs

WASHINGTON-The Bureau of Medicine and Surgery revealed the honor, courage and commitment of Navy Medicine personnel with its recent selection for Sailor of the Year.

Hospital Corpsman First Class (HM1) Donald Singleton, Senior Instructor at the Biomedical Photography Technician 'C' School, Naval School of Health Sciences (NSHS), has consistently lived the core values. According to his commanding officer, CAPT J.F. Caffrey, "Singleton holds the core values as a way of everyday life."

Singleton is from Columbus, Ohio, and he has been an instructor at NSHS since 1995. He received the Academic Excellence Award and has lectured as an expert in classroom multimedia presentation techniques.

"It is a great honor," he said about his award. "I'm proud to be able to represent the Navy Medical Department, which I am very thankful to be a part of."

Singleton is married and has two children. He didn't forget the contributions his wife Ruth made during his career.

"She was very proud. This is testimony to the support she has given me," he said. "She is a true Navy wife, we have done this together."

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Headline: TRICARE Question & Answer

Question: I'm a family member enrolled in TRICARE Prime. If I have to go to a civilian emergency room do I have to pay a copayment for each service I receive?

Answer: Yes. Non-active duty TRICARE Prime beneficiaries are responsible for a copayment for the emergency room visit and additional copayments for each ancillary service received during that visit such as laboratory and x-ray services. The current copayment per visit for active duty family members of E-4 and below is \$10. Copayments for active duty family members of E-5 and above, retirees, and all others is \$30. A change that would eliminate multiple copayments for ancillary services is under review. Look for this change in the near future.

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Headline: Healthwatch: Make nutrition come alive, it's all about you
By LTC Sally Hoedebecke, USA, Center for Health Promotion and Preventive Medicine

National Nutrition Month is an annual event sponsored by the American Dietetic Association. The theme for March 1998 is "Make Nutrition Come Alive. It's All About You." Good nutrition does not require great sacrifice or restriction, and all foods can be a part of healthy eating, if consumed in moderation. Good nutrition is a personal choice.

What better support for this theme than the powerful and yet so simple "5 A Day for Better Health Program." All a person needs to do is to eat five or more servings of vegetables and fruits each day. This simple, positive message offers great potential for keeping people healthy.

Health is influenced by three important personal decisions: smoking, alcohol and diet. Two out of three adults do not smoke or drink excessively. This makes what they eat, the single most important decision influencing long term health. The 1988 "Surgeon General's Report on Nutrition and Health" concluded that two-thirds of all deaths involving coronary heart disease, stroke, atherosclerosis, diabetes and some types of cancer are related to what we eat. In fact about 35 percent of all cancer deaths in America may be related to diet.

Our knowledge of how foods fight diseases

is increasing. Foods contain the necessary nutrients, which provide health benefits that are not found in vitamin/mineral pills. For example, citrus fruits contain ascorbic acid and other compounds believed to protect against malignancies. Members of the cabbage family contain compounds that are known to fight cancer. Many studies show that eating our fruits and vegetables is better than taking a vitamin pill.

Adding more fruits and vegetables to your diet presents endless possibilities. Add a fruit for breakfast or a 100% vegetable or fruit juice to start your day. For lunch try a salad on the side. Have a vegetable or fruit snack during the day. Two vegetables at dinner can complete your 5 A Day grouping.

Both the National Cancer Institute and the Produce-for-Better-Health Foundation back this program. More than 150 studies of people who consumed the five servings of fruit and vegetables daily showed reduced risk of developing cancers of the digestive and respiratory tracts. Serving sizes are actually smaller than you would think. One serving size is:

- 1 medium fruit or 1/2 cup of cut fruit
- 3/4 cup (6 oz) 100% vegetable or fruit juice
- 1/4 cup dried fruit (raisins, apples)
- 1/2 cup raw or cooked vegetables
- 1 cup leafy vegetables (lettuce, spinach)
- 1/2 cup cooked beans or peas (lentils, navy beans, kidney beans)

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl Hicks, at email: mednews@us.med.navy.mil; telephone 202/762-3223(DSN 762-3223), or fax 202/762-3224.

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